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FORM PTO-875 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE PATENT APPLICATION FEE DETERMINATION RECORD							SERIAL NO. 205 419 6/10/88 APPLICANTIFIRST NAMED) Cabuely, et al							
<u> </u>				С	LAIMS	AS FILE	D - PA		/	,	<u>ec</u>	OTHER 1		
FOR: NO.			LED		NO. EXTRA				RATE	FEE	ОП	RATE	FEE	
BASH	C FEE									\$150	<u>OR</u>		\$300	
TOTA	L CLAIMS			-20=					×5-	s	OR	×10-	s	
INDEP. CLAIMS			····	-3-					×15-	s	OR	×30-	s	
I I MULTIPLE DEPENDENT CLAIM PRESENT						ヿ゙		+50	s	OR	+100=	s		
• If the difference in col. 1 is less than zero, enter "O" in col. 2								TOTAL	s	OR	TOTAL	s		
The controlled in control to the section, enter V In control											_			
				CLA	NMS AS	SAMEN	DED -	PART	T II					
	(1) (2) (3)							SMALL ENTITY			_	OTHER THAN A SMALL ENTITY		
AMENDMENT AN		CLAIMS REMAINING AFTER AMENDMENT		PRE\	EST NO. /IOUSLY ID FOR	PRESE EXTE			RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE	
	TOTAL	. 14	MINUS	<u>ت</u> ع	3				₹5	s		×10=	s	
	INDEP.	. 2	MINUS		4	 	$\overline{}$		×15=	s	1	×30-	s	
Ā	II FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							٠	-		-		 	
THIS PRESENTATION OF MULTIPLE DEP. CLAIM									+50 -	s	4	+100 =	s	
								ADD	TOTAL OIT. FEE	s	<u>OR</u>	TOTAL	s	
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST NO. VIOUSLY ID FOR	PRESE EXTF		;	RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE	
	TOTAL	. 14	MINUS	: 4	53		_		×5 •	s	7	×10-	s	
	INDEP.	. 2	MINUS	***	4		\neg		×15-	5	1	×30 -	s	
	III FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								150	s	1	1100 ↔	s	
				··	 			l	TOTAL DIT. FEE	s	-		s	
								ADI	DIT. FEE	<u> </u>	<u>O</u> ₽	TOTAL	<u> </u>	
AMENDMENT OF		CLAIMS REMAINING AFTER AMENDMENT		PRE\	EST NO. /IOUSLY ID FOR	PRESE EXTR			RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE	
MOZ	TOTAL	34	MINUS		33.	- /			∀5 •	Ś	7	10-	51200	
MEN	INDEP.	. 6	MINUS		4	- ,	\neg		×15	\$	1	×2057	s 36.00	
Υ Α	I I FIRST PRES	ENTATION OF MULTI	PLE DEP. CLAIM			/	\dashv	Ì	ı 50	<u> </u>	† ·	i 100	s	

TOTAL ADDIT. FEE

TOTAL

<u>OR</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

I I FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 - The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.